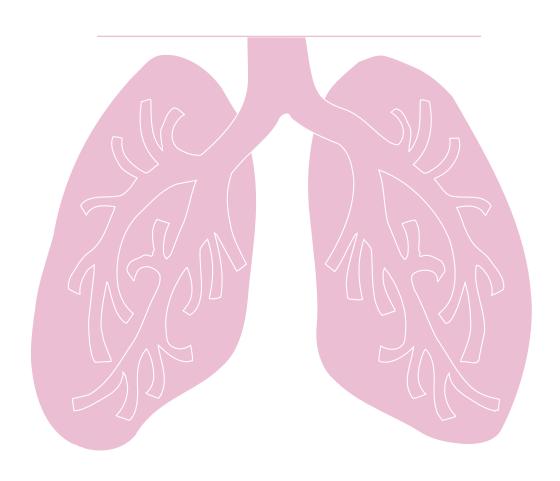
Component 2 Controlling Factors Contributing to Severity



Managing the Child with Asthma:

Component 2 – Controlling Factors Contributing to Severity

Major indoor triggers for asthma	Suggestions for reducing exposure			
Viral upper respiratory infections Flu	 For the child with recurrent, severe asthma exacerbations related to viral URIs, consider limiting exposure to viral infections. Flu shots for children with persistent asthma (who are not allergic to eggs). 			
Tobacco smoke, wood smoke	 Permit no smoking around the child or in the child's home. Help parents and caregivers stop smoking. Eliminate use of wood stoves and fireplaces. 			
Dust mites	 Essential Actions: Encase the child's mattress and box springs in an allergen-impermeable cover. Cover the pillow in an allergen-impermeable case, or wash weekly in hot water.* Desirable Actions: Remove carpets from the bedroom, and carpets in other rooms that are laid on cement. Avoid sleeping or lying on upholstered furniture. Minimize stuffed toys in the child's bedroom. Reduce indoor humidity to < 50%. Wash stuffed toys weekly in hot water.* 			
Animal dander	Remove the pet from the home; also remove any products made from feathers. If removal of the animal is not acceptable then: ⇒ Keep the pet out of the child's bedroom and the bedroom door closed. ⇒ Keep the pet off upholstered furniture and carpets. ⇒ Wash the pet weekly to decrease the amount of dander, urine, and dried saliva. (The evidence to support this recommendation has not been firmly established.) Use a filter on air ducts in child's room.			
Cockroach allergens	 Do not leave food or garbage exposed. Reduce the indoor humidity to < 50%. Fix leaky faucets, pipes. Use boric acid traps. (Avoid using poison around very young children.) 			
Indoor mold	 Fix leaky faucets, pipes. Avoid vaporizers. Reduce indoor humidity to < 50%. 			

^{*}Water temperatures ≥ 130° F are necessary to kill dust mites. However, for the safety of young children, the American Academy of Pediatrics recommends maintaining water temperatures under 120° F. If possible, it is recommended to raise the water temperature when bedding is being laundered.

Consider allergen immunotherapy for children with asthma when:

- There is clear evidence of a relationship between symptoms and exposure to an unavoidable allergen to which the child is sensitive.
- Symptoms occur all year or during a major portion of the year.
- There is difficulty controlling symptoms with pharmacologic management because multiple medications are required, medications are ineffective, or medications are not accepted by the child (or parents).

Referral to a specialist for consultation and/or co-management is recommended for children being considered for allergy immunotherapy.

Encourage parents of children who are sensitive to changes in weather and humidity, pollens, and environmental irritants (e.g., smog) to:

- Monitor the daily local weather forecast.
- Monitor pollen count and smog index.
- Keep a relatively constant temperature and humidity in the house.
- Keep windows closed and use air conditioning when pollen, smog, and humidity levels are high.

Viral respiratory infections can exacerbate asthma in children.

- Viral respiratory infection is the most common precipitant of asthma exacerbations among children 5 years of age or younger.
- Exacerbations caused by viral respiratory infections may be intermittent yet severe.

Child care and school environments (as well as the home) should be as hypoallergenic as possible.

To help parents and caregivers stop smoking, provide:

- Educational materials.
- Information on local tobacco cessation support groups.

Annual flu shots are recommended for children with persistent asthma (who are not allergic to eggs).

Diagnosing and treating upper respiratory tract disease (rhinitis, sinusitis) is an integral part of managing the child with asthma.

Other factors that can influence asthma severity:

• Rhinitis/sinusitis

- ⇒ Asthma is commonly associated with perennial and seasonal rhinitis and sinusitis.
- ⇒ Studies indicate that inflammation of the upper airway contributes to lower airway hyperresponsiveness and asthma symptoms.
- ⇒ Treatment of upper respiratory tract symptoms is an integral part of asthma management.

Gastroesophageal reflux

⇒ Should be considered for any patient with asthma who complains of frequent heartburn or pyrosis, particularly those with frequent episodes of nocturnal asthma.

Sensitivity to aspirin, nonsteroidal anti-inflammatory medications, sulfites, beta blockers

- ⇒ Children who have had a reaction to aspirin or nonsteroidal anti-inflammatory medications (NSAIDs) may be at risk for severe, even fatal exacerbations.
- ⇒ Usually safe alternatives to aspirin include acetaminophen or salsalate.
- ⇒ Sulfites, used to preserve foods and beverages (e.g., processed potatoes, shrimp, dried fruit, beer, wine), have caused severe asthma exacerbations, particularly in patients with severe persistent asthma.
- ⇒ Beta blockers, including those in opthalmological preparations and those used for migraine, can cause asthma symptoms and should be avoided.

Other factors that can influence asthma severity in children:

- Rhinitis/sinusitis
- Gastroesophageal reflux
- Sensitivity to aspirin, nonsteroidal anti-inflammatory medications (NSAIDs), sulfites, beta-blockers

Appropriate treatment of these conditions may reduce the frequency or severity of asthma symptoms.

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